



IPW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Junichi Onishi, et al. **Examiner:** Tu Ba Hoang
Serial No: 10/600,741 **Art Unit:** 3742
Filed: June 20, 2003 **Docket:** 14491Z
For: ENDOSCOPE APPARATUS **Dated:** December 17, 2004
Conf. No.: 9747

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

RESPONSE UNDER 37 C.F.R. §1.111

Sir:

This is a response to the non-final Office Action mailed on September 21, 2004.

Please amend the above-identified application as follows:

Amendments to the Claims begin on page 2.


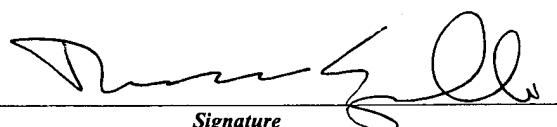

Remarks begin on page 8.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450, on December 17, 2004.

Dated: December 17, 2004


Thomas Spinelli

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 14491Z	
Applicant(s): Junichi Onishi, et al.					
Application No. 10/600,741	Filing Date June 20, 2003	Examiner Tu Ba Hoang	Customer No. 23389	Group Art Unit 3742	Confirmation No. 9747
Invention: ENDOSCOPE APPARATUS					
					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8 -	20 =	0 x	\$50.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input checked="" type="checkbox"/> A check in the amount of \$130.00 to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: December 17, 2004		
Thomas Spinelli Registration No.: 39,533 SCULLY SCOTT MURPHY & PRESSER 400 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <div style="text-align: center;"> 12-17-04 _____ (Date) </div> <div style="text-align: center;">  _____ Signature of Person Mailing Correspondence Thomas Spinelli _____ Typed or Printed Name of Person Mailing Correspondence </div> </div>		
CC:					